

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	---
<b>Suggested Group Art Unit::</b>	---
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	COMPOUNDS FOR THE TREATMENT OF HIV INFECTION
<b>Attorney Docket Number::</b>	060621-0703
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	N/A
<b>Total Drawing Sheets::</b>	0
<b>Small Entity?::</b>	Yes
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Justin T.
<b>Family Name::</b>	Ernst
<b>City of Residence::</b>	San Diego
<b>State or Province of Residence::</b>	CA

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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Erik  
**Family Name::** Boman  
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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Spain  
**Status::** Full Capacity  
**Given Name::** Susana C.  
**Family Name::** Ceide  
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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Spain  
**Status::** Full Capacity  
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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Japan  
**Status::** Full Capacity  
**Given Name::** Hiroshi  
**Family Name::** Nakanishi

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**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United Kingdom  
**Status::** Full Capacity  
**Given Name::** Edward  
**Family Name::** Roberts  
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**State or Province of mailing** CA  
**address::**  
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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** France  
**Status::** Full Capacity  
**Given Name::** Eddine

**Family Name::** Saiah  
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**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Christopher  
**Family Name::** Lum  
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**Country of Residence::** US  
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**Correspondence Information****Correspondence Customer Number::** 30542**E-Mail address::** PTOMailSanDiegoNorth@Foley.com**Representative Information**

<b>Representative Customer Number::</b>	30542	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/446,713	02/11/2003
This Application	An application claiming the benefit under 35 USC 119(e)	60/513,217	11/18/2003

**Assignee Information****Assignee name::** Kemia, Inc.